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| Case Number: | CM14-0027630 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/20/2011 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old male who reported an injury on 07/20/2011 due to a slip and fall. On 04/30/2014, the injured worker presented with aches in the posterior of the bilateral calves, aches in the bottom of the bilateral feet, numbness in his bilateral heels with pins and needles in the back of the bilateral ankles, and tingling in the bottom of the bilateral feet with some aching behind the knees. He also reported a stabbing sensation along the outside of the right ankle. Upon examination, the injured worker had a VAS score of 4-5/10 with medications and 8-9/10 without. The examination of the lower extremity revealed atrophy of the extensor digitorum brevis on the right as compared to the left and soreness by the lateral incision site to touch. There was sacroiliac numbness by the incision and numbness along the top of the foot. There was also pain elicited at the tarsal tunnel on the right and swelling along the medial joint line. The diagnoses were right ankle fusion and abnormal gait. Current medications included methadone, Norco, and Lidoderm. The provider recommended Methadone HCL tablets and Norco tablets. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

METHADONE HCL TABLETS 10MG QTY 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, page(s) 61 Page(s): 61.

Decision rationale: MTUS Guidelines recommend Methadone as a second line drug for moderate to severe pain. The potential benefits outweighs the risks. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half life of the drug. Pain relief on the other hand only lasts for 4 to 8 hours. Methadone should only be prescribed by providers experienced in using it. The included documentation provides evidence of significant pain relief, functional improvement, and side effects. However, in the provider's request as submitted, more clarification would be needed as to the frequency of the medication. As such, the request is not medically necessary.

NORCO TABLETS 325MG/ 10MG QTY 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The included documents provide evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior and side effects. However, the provider's request as submitted did not indicate the frequency of the medication. As such, the request is not medically necessary.